JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39133

1. PLACE OF DEATH
County **Boone**   Registration District No. **73**   File No. ....
Township **Columbia**   Primary Registration District No. **3006**   Registered No. **230**
City .... (No. ....   St. .... Ward.

10
3
8

2. FULL NAME **Louis Barr**

(a) Residence, No. **710 Machur** St., **1** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds.   How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M**
4. COLOR OR RACE **W**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **Minnie Barr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-25-1879**

7. AGE — YEARS **53** | MONTHS **11** | DAYS **6** | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Paper Hanger**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y. State**

FATHER
13. NAME **Henry Barr**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y. State**

MOTHER
15. MAIDEN NAME **Mary Ellis**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y. State**

17. INFORMANT (ADDRESS) **Minnie Barr   Columbia Mo.**

18. BURIAL, CREMATION, OR REMOVAL **Columbia Mo.**
PLACE **Memorial Park** DATE **12-4** 19**33**

19. UNDERTAKER (ADDRESS) **Parker + Co   W H Vandeventer   Columbia Mo.**

20. FILED **12/4/1933   Allie Selby**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-1- 1933**

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 20, 1933, to **Dec 1**, 1933
I last saw h... alive on **Nov 30**, 1933. Death is said to have occurred on the date stated above, at **5 A.** m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Date of onset

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? **Symptoms**   Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify ....

(Signed) **W. A. Norris**, M. D.
(Address) **Columbia Mo.**